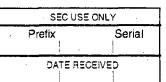


UNITED STA SECURITIES AND EXCHANGE Washington, D.C 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB Approval						
	lumber:	3235-0076	7				
J 	s: AL	igust 31, 1998					
Estim	ated averaç	ge burden					
hours	per respon	se 16.00					



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Horizon Strategies, LLC	PROCESSE
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	AUG 0 9 2002
Type of Filing: New Filing □ Amendment	
A. BASIC IDENTIFICATION DATA	THOMSON
1. Enter the information requested about the issuer	FINANCIAL
Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.) Horizon Strategies, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 462 Stevens Avenue, Suite 105, Solana Beach, CA 92075 (858) 3	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Inc.)	cluding Area Code)
Brief Description of Business	
Real Estate Management Company	
Type of Business Organization	······································
□ corporation □ limited partnership, already formed □ corporation □ limited partnership, to be formed □ Limited Liability C	ompany
Month Year	timated
CN for Canada; FN for other foreign jurisdiction)	`.

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. versely, failure to file the appropriate federal notice will not result in a loss of an available state exleri tion unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97)

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and

 Each general and ma 	naging p	earmer of p	artnershij	o issuers.					
Check Box(es) that Apply:	⊠ P	romoter	☐ Ber	ieficial Owner	X	Executive Officer		Director	☑General and/or Managing Partne
Full Name (Last name first, i Zures, Wil					•				
Business or Residence Addres 462 Steven						na Beach,	CA	92075	
Check Box(es) that Apply:	XD I	Promoter	□ Ber	neficial Owner	X	Executive Officer		Director	⊠General and/or Managing Partner
Full Name (Last name first, i Goodkin, S			· 						
Business or Residence Addre 12984 Cami						CA 92130			,
Check Box(es) that Apply:		Promoter	□ Ber	neficial Owner		Executive Officer	. 0	Director	□General and/or Managing Partner
Full Name (Last name first, i	f individ	dual)			•				
Business or Residence Addre	ss (Nun	iber and Si	reet, City	. State, Zip Co	de)				
Check Box(es) that Apply:		Promoter	☐ Ber	neficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first,	f indivi	dual)							
Business or Residence Addre	ss (Nun	nber and Si	treet, City	, State, Zip Co	de)				
Check Box(es) that Apply:		Promoter	☐ Ber	neficial Owner		Executive Officer	. 0	Director	General and/or Managing Partne
Full Name (Last name first,	f indivi	dual)							
Business or Residence Addre	ess (Nun	nber and S	treet, City	, State, Zip Co	ode)				
Check Box(es) that Apply:		Promoter	☐ Ber	neficial Owner		Executive Officer		Director	General and/or Managing Partne
Full Name (Last name first,	if indivi	dual)							
Business or Residence Addre	ss (Nun	nber and S	treet, City	, State, Zip Co	ode)	****			
Check Box(es) that Apply:		Promoter	☐ Ber	neficial Owner		Executive Officer		Director	☐General and/or Managing Partne
Full Name (Last name first,	f indivi	dual)		71					
Business or Residence Addre	ess (Nun	nber and S	treet, City	, State, Zip Co	ode)				,

B. INFORMATION ABOUT OFFERING		
		-
	Yes	No
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	П	X
Answer also in Appendix, Column 2, if filing under ULOE.	-	
2. What is the minimum investment that will be accepted from any individual?	\$ <u>50,</u>	<u>00</u> 0
	Yes	No
3. Does the offering permit joint ownership of a single unit?		Ø
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual) Santa Fe Securities Corp.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
462 Stevens Avenue, Suite 105, Solana Beach, CA 92075 Name of Associated Broker or Dealer		
Santa Fe Securities Corp.		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
TALL TAKE TAZE TARE TOOLEGE TOOLEGE TOOLEGE TALL TOOLEGE TALL TOOLEGE		
;		
MT NE NV NH NJ NM NY NC ND OH OK OR PA		
REFESCE [SD] [TN] [TX] [UFFEVE] [VALEWAL [WV] [WFFEWY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check. "All States" or check individual States)		
[AL] [AK] [AZ] [AR] [CA] [CG] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
(IL IIN IIA KS KY ILA ME MD MA MI MN MS MO		
MT NE NV NH NJ NM NY NC ND OH OK OR PA		
REFERENCE ISOTERN FEXT OF TVALUE WAT WAT WAT WELL WAT PRE		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
TALTTAKT TAZTTART [CAT [COT [CT] [DE] [DC] [FL] [GAT [HI] [ID]		
TILL TINT TEAT TKST TKYT TEAT TMET TMDT TMAT TMIT TMNT TMST TMCT		
- MTT NE NV NH NJ NM NY NC ND GH GK GR PA - Trif SC SD Trif Tx Ttif Vt VA WA WV WV WY PR		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-			
ing, check this box 🗖 and indicate in the column below the amounts of the securities of-			
fered for exchange and already exchanged.	A come	010	Amount Already
Type of Security	Aggreg Offering		Sold
Debt	\$		\$
Equity	\$ 2,00	0,0	00 840,000
☑ Common □ Preferred			
Convertible Securities (including warrants)	\$		\$
Partnership Interests	\$		\$
Other (Specify)	\$		
Total	\$ 2,00	0,0	0 <u>0 840,00</u> 0
Answer also in Appendix, Column 3, if filing under ULOE			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Numb		Aggregate
	Invest	ors	Dollar Amount of Purchases
Accredited Investors.	5		\$ 840,000
Non-accredited Investors.	-0-		s -0-
Total (for filings under Rule 504 only)	_		\$840,000
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type	of	Dollar Amount
,, ,	Secur		Sold
Rule 505			\$
Regulation A			\$
Rule 504			\$
Total	 -		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees			\$
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (Specify finder's fees separately)			\$ <u>84,000</u>
Other Expenses (identify)			S
Total			\$84,000
4 Willian		_	

C. OFFERING PRICE, NUMBER	OF INVES	STORS, EXI	PENSES	AND USE	OF	PROCEEDS
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in responsis the "adjusted gross proceeds to the issuer.".	ise to Part C-(Question 4.a. This	s difference			
5. Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount an estimate and check the box to the left of the emust equal the adjusted gross proceeds to the isstion 4.b. above.	unt for any puestimate. The	rpose is not kno total of the payn	wn, furnish nents listed			
				Payments to Officers, Directors, Affiliates	&	Payments To Others
Salaries and fees			🗖	S	_ 🗆 ,	\$
Purchase of real estate			🗖	\$ <u>-0-</u>	_ 🗆	\$
Purchase, rental or leasing and installation of	of machinery	and equipment	🗖	\$		s
Construction or leasing of plant buildings	and facilities	• • • • • • • • • • • • •		\$ <u>-0-</u>	_ 🗆	\$
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger	e assets or sec	urities of another	issuer			\$
Repayment of indebtedness			🗖	\$	_ 🗆	\$
Working capital		• • • • • • • • • • • • • • • • • • • •	🗖	\$	_ 🗆	\$
Other (specify)			□	\$	_ 0	\$
				\$	_ 🗆	\$
Column Totals						\$
Total Payments Listed (column totals add	ed)				\$ <u>84</u>	<u>10,00</u> 0
D. I	EDERAL	SIGNATU	RE			
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the is	e issuer to fur	nish to the U.S. S	Securities an	d Exchange C	omm	ission, upon written
Issuer (Print or Type) Sign	iati ne	00		Date	,	
Horizon Strategies, LLC	ulla	1/ Su	_	6/	15	102
Name of Signer (Print or Type) Title	e of Signer (P	rfn or Type)				
William J. Zures C	hief Ex	ecutive 0	fficer			
						·

ATTENTION

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is Form D (17 CFR 239.500) at such times as required by state law.	filed, a no	otice on
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information issuer to offerees.	furnished	l by the
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled. Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer availability of this exemption has the burden of establishing that these conditions have been satisfied.		
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on it undersigned duly authorized person.	s behalf b	y the
Issuer (Print or Type) Signature Will. J. The Date 6/15/0 2	,	
Name of Signer (Print or Type) Title of Signer (Print or Type)		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4		7 (5
	non-act invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (PartC-Item 1)	а	under ULOE att explans waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
		·		Number of Accredited		Number of Nonaccredited		-	
State	Yes	No	· · · · · · · · · · · · · · · · · · ·	Investors	Amount	,	Amount	Yes	No
AL								,	
AK									
AZ									
AR		,,-							
CA		Х		5	840,00	0 -0-	-0-		X
CO									
CT									
DE									
DC									
FL						,			
GA									
HI									
ID _									
IL				·					
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									

APPENDIX

1		2	3 .			4			;
	Intend	to sell				,		Disqual under	ification State
		o credited	Type of security	,					
	inves	tors in	and aggregate offering price			investor and			tion of
		ate -Item 1)	offered in state (PartC-Item 1)	•		irchased in State t C-Item 2)		waiver ((Part E	granted)
	(Tart D	oltem 17	(Tarte-Item 1)						Ttem 17
				Number of Accredited		Number of Nonaccredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	· No
MT.									
NE									
NV			,						
NH								· · ·	
NJ									
NM									
NY									
NC									
ND					_				
ОН	N.								
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR						·			